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to this end, however, the hospital procedures here outlined are sufficiently definite to form the basis of action. We must individualize in lobar pneumonia; much judgment is required, there is plenty of scope for wise action in this disease; we should here prescribe nothing without some good reason. Simple cases do not require much interference; symptomatic procedure may be all that is necessary; but we must be constantly on the watch, for simple cases may turn out quite seriously; we have collapse and death even in convalescence. In addition to the measures stated, the following have been used: jackets of flannel (or of cotton covered with oiled silk) are made, easily to be opened for the physician's examination. Dry cupping is sometimes done; poultices are made (but rarely nowadays); and sinapisms are employed as counter-irritants. Children do better with hot than with cold applications to the chest. Among drugs, quinine is preferred by some physicians; ammonium carbonate (gr. v-x); guaiacol carbonate (gr. xx, a somewhat expensive drug); Dover's powder, Clark's powder, and the salicylates

HOW TO ATTAIN HOSPITAL ECONOMY¹

By AGNES MEYER, R.N.

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This question is one of the most important of our days; as everything in life is getting more and more expensive, the hospital management requires much more skilful organization to make both ends meet. I shall try to explain in a few words how much we nurses influence the average daily cost of living for a patient; and how much one person alone can save, if she sets her mind to do so. Many of us have been brought up to sensible economy in our own homes, but when we come to a hospital we frequently forget our good education and become thoughtless and indifferent. The cause of this is, in the first place, that we do not deal with money and therefore do not know the price and value of things, and also because, in most places, it is very easy to get everything you need or want, simply by giving the written order, sometimes signed by an officer, sometimes not.

It seems important to me, *before buying*, to talk matters over with all the people concerned, to make sure of the usefulness, necessity and price of the object, avoiding by this the purchasing of something that

¹ This article was written for a prize competition of the German nursing magazine, *Unterm Lazaruskreuz*, and won the third prize. It will appear in the issue for November 15 or December 1. Miss Meyer is in this country for a year, studying American nursing methods.

would not show all the required qualities and therefore miss its purpose. If large amounts of money are to be spent, the board of management decides, but for ordinary things the signature of the superintendent of the hospital or of the training school would be sufficient. All requisition slips should pass the training school-office before going to the stores. Young head-nurses lack a sensible survey, how, how much, and in what way to order, therefore the advice of the more experienced is valuable.

We can economize in time and money by the *method of buying*. The simplest way would be to have it done entirely by one person, so that a certain time could be arranged for each dealer—daily, weekly, or monthly as desired. Through contract and bidding it is possible to reduce the prices.

A thoughtful arrangement in *making up the menus* simplifies buying and lowers the price through the larger quantity, i.e., most meat, vegetables and fruit might be used for all parts of the hospital: wards, private patients, nurses, doctors and employees.

The *continuous supervision in kitchen and stores* and in serving meals by a capable woman is very essential indeed. That the supplies do not get too extensive, that nothing disappears under hand, or spoils, because it is not kept in the right place or temperature, that odds and ends are used and not thrown away, that the ward receptacles are properly filled, all these should be looked over to save worry, time and expense.

Then there is the *garbage*, needing a regular and continuous supervision. In emptying the food pails in large tons, we frequently find knives, forks, spoons, even broken glass and china. In doing so, it is possible to find out at the same time if the trays were served with intelligent choosing, or if a food was badly cooked, if, that is, a large quantity of the same kind is found in several pails, these—of course—having been marked with the number of the ward to which they belong. The refuse that is to be burnt should be carefully examined before destruction; there might be instruments, rubber gloves, dressing towels etc., hidden amongst the dressings. If the result of this inspection, which is booked daily, is unfavourable, that is, if there are spoons in the food pails, rubber sheets in the laundry, towels or instruments in the paper bags, there should be a note stating these facts at the bulletin board, with the name of the ward in which the negligence has been.

Making use of the garbage is another line of saving. All food that has not been in the wards should be left in the receptacles and go back to the kitchen for further use, also all stale bread, toast and crusts. The garbage in the pails provides pig food; bones and grease can either be sold or from the latter a good cleansing soap is easily made.

Washed gauze can be used over, if not for the original purpose, certainly for a relative one.

Ashes and cinders may be of some use in the garden and grounds.

Another way of economizing is the proper *care of the laundry*; strong chemicals should not be used, to avoid wearing out the linen before time. The soiled clothes should be assorted to save rubber sheets, hot water bottles, etc., from destruction. In the daily use in the wards we should work with consideration and remember that turning often saves changing.

We can limit the amount of *light and heat* by constant supervision. As in different wards different degrees of temperature are desirable, it should be possible to turn the heat on and off each ward from a central place. For instance, in spring and autumn, infants need an artificial heat long before adults. Next to the thermometer should be a regular temperature chart, marked regularly.

Economy consists in keeping all parts of *the house in good condition*, (1) by keeping a sufficient number of domestics and (2) by regular inspection days perhaps every fortnight, by a hospital and training-school officer, to take notice of the wearout and cleanliness in every department belonging to the wards.

Another important means of saving is the *supervision and limitation of the weekly requisition* for household goods, such as soap, cleansing-powder, safety pins, writing materials, etc. All breakages should be put down in a book with the name of the guilty, the price being added afterwards. It encourages carelessness if everything is replaced at once and without any question or remark. Besides, by booking, we can trace exceptionally careless people for a long time, showing them at the end the amount the hospital had to spend on their behalf.

A thoughtful ordering of *gauze supplies* for the ward is a help in our line. If there is a great quantity, we easily yield to temptation to use it for other purposes, as for cleaning and dusting.

A careful treatment keeps the *instruments* in good condition and makes them last longer.

To emphasize to the nurses all these small details which, taken as a whole, are important enough to lessen the hospital accounts, we need special training to awaken their interest, to stimulate them to thoughtful management and to make them use their own judgement. It would perhaps be an idea worth thinking over to get the headnurses to make up a monthly bill, by which it would clearly be shown how much one person can do to reduce the daily cost of the patients. The foundation for this bill should be the average cost of living (meals) that every treasurer of a hospital knows. As all orders are given out by written notes,

it should be possible to get these slips back at the end of each month, together with the average number of patients. On each ward should be a list with the average prices for food, household goods, gauze, bandages, drugs, etc., and with this help a paper could easily be made up, perhaps like the following sample. This bill is, of course, only meant to show the cost of living, not the actual cost for keeping a patient in the hospital, as for that many more things have to be considered. If for any reason the slips could not be returned to the wards, the necessary figures might easily be put down in a printed book every morning, but the first method seems preferable.

MONTHLY REPORT, WARD 8. SURGICAL NURSE

Extra Orders			
ARTICLES	PRICE	ARTICLES	PRICE
Milk.....	\$12.00	Cleansing soap.....	\$2.00
Butter.....	5.00	Matches.....	.50
Bread.....	6.00	Breakages.....	2.50
Eggs.....	6.00	Wear out.....	4.00
Broth.....		Extras from household.....	
Extras from kitchen.....	8.00	Individual medication.....	2.00
Sugar.....	1.00	General medication.....	5.00
Cocoa.....	1.50	Alcoholics.....	2.50
Coffee.....		Extras from pharmacy.....	5.00
Tea.....		Gauze.....	24.00
Salt.....	.25	Bandages.....	8.00
Extras from steward.....	2.00	Safety pins.....	.50
Hand soap.....	2.00	Writing mat.....	1.50
			\$101.25
Average number of patients.....			20
Total for 20 patients, 30 days.....			\$101.25
Total for 1 patient, 30 days.....			5.06
Total for 1 patient, 1 day.....(about)			.17
Daily cost of meals.....			1.25
Daily cost of living.....			1.42

ELECTRO-THERAPEUTICS

(SECOND PAPER)

BY MARTIN W. CURRAN, M.D.

Chatsworth, N. J.

We often speak of different kinds of electricity in the treatment of disease, such as galvanic, faradic, static, etc., yet there is but one kind of electricity, yet we are able to modify or alter its energy to such an extent by different mechanical appliances, obtaining different electrical